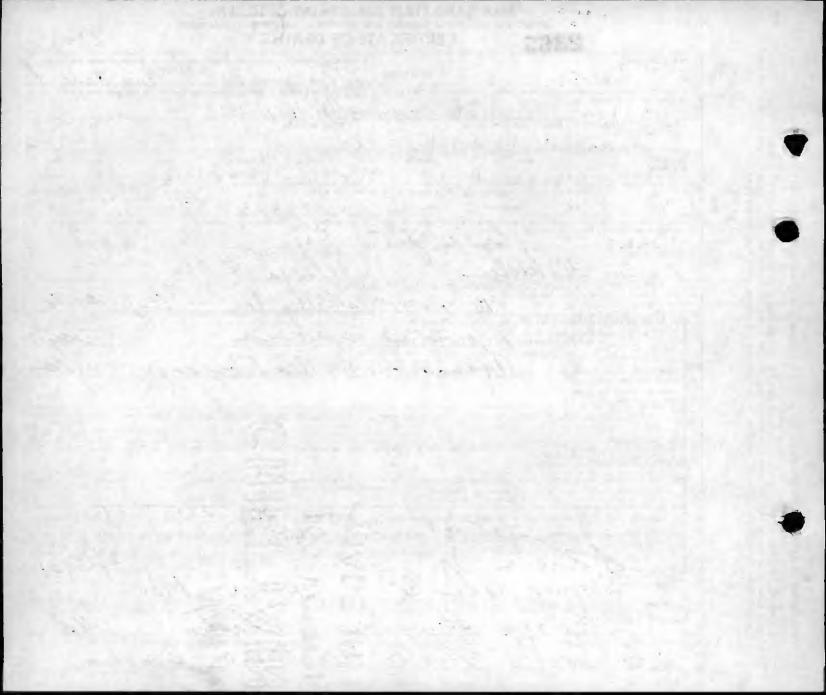
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2365

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V	1. PLACE OF DEATH O. COUNTY Jalbat MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Pesidence before admission) o. STATE b. COUNTY USUAL RESIDENCE (Where deceased lived. If institution: Pesidence before admission)
1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)  A 10 N  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OF TOWN (If sessible corporate limits, write RURAL and give nearest town)  17 X - 2  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Nemorial Hospiral  3. NAME OF First Middle  (Type or print) Winthrop H	Last  4. DATE OF DEATH  Day Year  DEATH  Day Year  19 61  8. DATE OF BIRTH  9. AGE (In years lost birthday)  Months Days Hours Min.  YES NO DATE  NO DATE OF BIRTH  9. AGE (In years lost birthday)  Wonths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRICT MICH OF BUSI	
	15. WAS DICEASED EVER IN U. S. ARMED FORCES?  (Yes. no opfulknown)  (If yes, give wor or dates of service)  18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).]  PART J. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which)	Mes Kathery Ine - Mege Mells Infarction Interval serveen onset and death onset and death
	gave rise to immediate couse (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED that a wark p. m. 19 White at wark that the deceased fram	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  1996, ta 2/21, 196, that (I) (we) last leath accurred ADAM, from the causes and an the date stated abave.
	220. SIGNATURE	M.D. ATTENDING MED. MED. STAFF 2/25/6/PD PHYS. 2/25/6/PD 22d. ADDRESS 22d. ADDRESS MAIN MAI
10/10	24. FUNERAL OPECIDES SIGNATURE  ADDRESS  ADDRESS  ADDRESS	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2 8 '61 Cuchy & France



ofter death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH

TIMORE 1, MARYLAND

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	2366 CERTIFICA	ATE OF DEATH	02344 /
ger.	PLACE OF DEATH COUNTY A DO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE AR LAND COUNTY	ence before admission)  LEEN ANNE
	o. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) EASTON 5 da.	c. CITY OR TOWN (If outlide corporate limits, write RURAL and	'give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  MEMORIA  LOSPITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) ANNIE	BROWN DEATH Teb,	Day Yeor (5 19 6/
S.	FEM WHITE WIDOWED DIVORCED	APRIL 23 -1880 9. AGE (In years light birthday) Months	R I YEAR IF UNDER 24 HRS. Doys Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE	DUSTRY 11. BIRTHPLACE (State or fareign country)  MARYLAND  12.CI	VSA
	CHARLES HOPKINS	14. MOTHER'S MAIDEN NAME MARY COOK	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	ARS. Louis CROUCH-STE	VENSVILLE
	1B. CAUSE OF DEATH [Enfer anly one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the under- lying couse lost.	cardial infarction cleratic Peart diseas	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON THE CONTRACTOR OF THE CONTRACTOR
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	IUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Haur a, m.  p. m.  19  20d. INJURY OCCURRED While at work at work at work	PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an	t death occurred of 10 M. from the causes and on the M.D. ATTENDING MED. STAFF PHYS.   M.D. ATTENDING MED. STAFF PHYS.	that (I) (we) lost the date stated above.  22b, DATE SIGNED
	22c. PHYSICIAN'S ROBERT W. TREVER	EASTON ME	,
1	DURIA (Specify) 2/18/61 Stevens	the state of the s	md
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S S	

Mys Art de Sweds AM 3.481\3.40 \D. (2) TO AND STREET AND STREET AND STREET Account to the second of the s STATE OF THE PROPERTY OF THE PARTY OF THE PA THE PARTY OF THE PARTY OF THE PARTY.

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MARYLAND	STATE DEPARTMENT	OF	HEALTH
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Reg. Dist. No. (123 + 5

-BALTIMORE, 18

	C +3 () 1				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Talbot	MARYLAND	2. USUAL RESIDENCE (VO. STATE Mary	Where deceased lived. If institution b. COUN	tution: Residence before odmission) ITY Talbot
b. CITY OR TOWN (	orest town - rur	_		f outside corporate limits, write Michaels,	e RURAL and give nearest fown)
d. NAME OF HOSPI OR INSTITUTION, R10 V	TAL (If not in hospitol, give 'ista Nursi	street oddress) ng Home	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	DENNY	Middle W.	BURROWS	OF	Aonth Day Yeor bruary 3. 1961
Male	mode a a	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	1874 9. AGE (In year lost birthdo	ors IF UNDER 1 YEAR IF UNDER 24 HR:  Y) Months Doys Hours Min.
during most of wor	ON (Give kind of work donking life, even if retired)	10b. KIND OF BUSINESS OR INDU Seafood	St. M1	chaels, Md.	12, CITIZEN OF WHAT COUNTRY  USA
13. FATHER'S NAME	liam H. Bu	0300W 5	14. MOTHER'S MAIDEN		
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.	INFORMANT	ianna Stoker	ddress
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate	the forelestic	sulvey o	genetral	and
PART II. OTI	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO R
	AS UNDERLYING 206 G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	10		ACE OF INJURY (Home, for ctory, street, office bldg., e		(County) (Stote
actual SIGNATURE	and I attended the de	/- /	3 , 1958, 10 occurred at 42 = 4		mo
PHYSICIAN'S NAME (Type)	Juy m	, preesser y	7		2-4-61
220. BURIAL, CREMATIC BEMOVAL (Specify BURIAL		061 Olivet Cel		St. Michael	
23. FUNERAL DIRECTOR		Lauredon II			EGISTRAR'S SIGNATURE  CICLUM S. TENAMA

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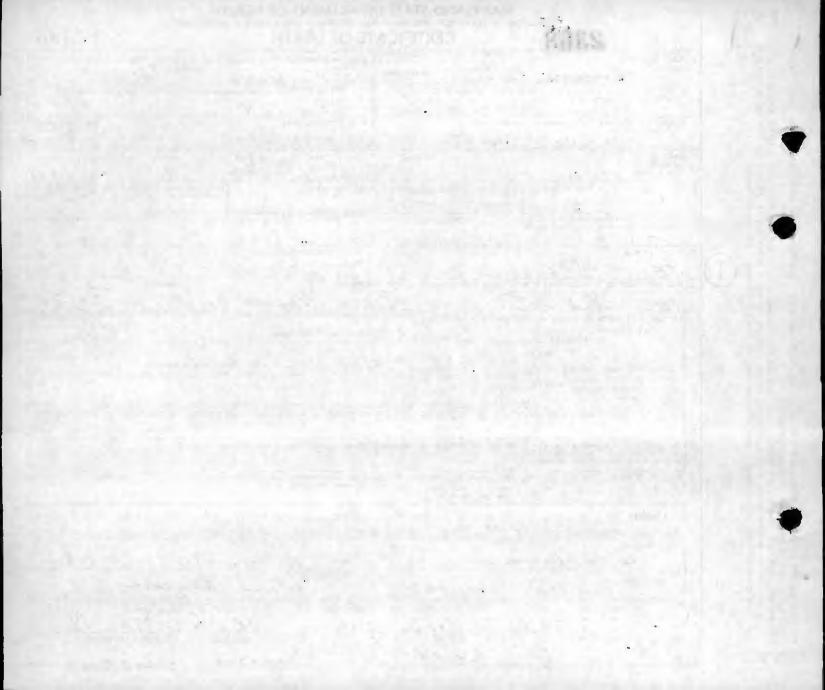
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TO HOSPITAL OR ATTENION PHYSICIAN: The law requires that the death certificate be entitled within 24 ht	may be retained by the policy or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, crematian, or removal, and in any event within 72 hours after death.
-		9		

VR A1S (4) 1SM 9/59

2368	CERTIFICA	TE OF DEATH	MORE I, MARILAND	02346
1. PLACE OF DEATH a. COUNTY  Jal	Let MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institution b. COUN	utian: Residence before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	9 /2hrs.	EAST	utside corporate limits, write	e RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION  Memoural	er address)	d. STREET ADDRESS	LANE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF PIRST (Type or print) Hen Ry	Middle 5	Cavington	OF DEATH	3 15 19 6/
M Wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	August 17.1	033 1 01	Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 1) 100. g most of working life, even if retired) 13. *ATHER'S NAME	LEAL ESTAT	N- V	on fareign country)	12. CITIZEN OF WHAT COUNTRY
HENRY P.CARRIN	IGTON	-	NES	ddress
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no., or unknown)  (If yes, give were or date, of service)	T.	VELYL WAL	LER COVING	TON- EASTON !
YIB. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cercleral	here an lage		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which )  gave rise to immediate (b)	Cerclisal a	thecor clusses	4 lupateus	(?)
cause (a), stating the <u>under.</u> DUE TO  lying cause last.  (c)	IS CONTRIBUTING TO DEATH RE	IT NOT PELATED TO THE TERMI	NAI DISEASE CONDITION (	CIVEN IN PART I'M TR WAS ALTOPS
CATIC	DESCRIBE HOW INJURY OCCURR			PERFORMED? YES NO
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PLACE OF INJURY (Home, farm		(County) (State
Haur a. m. 19 Wh	ile Nat while wark at wark	actary, street, affice bldg., etc.		
21. I certify that (I) (this hospital) attestion the deceased alive on 1/11 220. SIGNATURE	76 11		M, from the couses	ond on the dote stated obave
1 Lusster Harman 22c. PHYSICIAN'S	1	M.D. ATTENDING MI PHYS. DI	ED. STAFF	15 Feb 6 SIGNE
NAME (TYPE) HURSTON #	ARRISON 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n, or county) (State). /
REMOVAL/(Spacify)  24. PUNEAGEOTRECTOR STODATURE	WOODLA	-WN/	MEW YOR.	GISTRAR'S SIGNATURE
18 de Costo (	acron a	16		



VR A1II (4) 15M II/59

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	OF STATISTICAL RESEARCH A		, MARYLAND	000 6
2360	CEKTIFICA	TE OF DEATH		112321
1. PLACE OF DEATH O. COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Maryland	6 COUNTY -	ce before odmission)
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16		rporate limits, write RURAL and g	give nearest town)
EASTO	N 12thre 25min	Rural Gr	reensboro	USX
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	morical Herp.	d. STREET ADDRESS	None	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED DFirst	Middle	Last 4. DAT	E Month	Day Year
(Type or print)	Y ANN	CARTOR DEA	TH 7000	19 61
	ARRIED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS
Female White WID	OWED DIVORCED	6-4-1942	18 yrs.	Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12.CITIZ	ZEN OF WHAT COUNTRY
during most of working life, even if retired)	None	Maryland	U	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Carlton Carter		Agnes High	nutt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  {*vas. no. perpuginown}   {*lf yes, give wor or dates of service}		NFORMANT	Address	-
(Yes, no. progknown) (If yes, give wor or dates of service)	None A	gnes Carter Gr	eensboro, Ma	rvland
IB. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	deapt Soil	mel		ONSET AND DEATH
7 54 C DUE TO	0			
Canditions, if any, which	Cuanotic r	magnital &	leart diseas	de hele
gove rise to immediate DUE TO		1.8	1. (	
lying couse lost.	: Transpos	ition of the	great vessel	لعا
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Part II of item 18.)	
Hour o.m.	Od. INJURY OCCURRED  /hile Not while wark   of wark	ACE OF INJURY (Home, form, 20f. (Cory, street, office bldg., etc.)	City ar town) (C	County) (State
21. I certify that (1) (this haspital) att	ended the deceased fram	2/1/6/19/10	2/2/6/19	, that (I) (we) las
saw the deceased alive an 2/2	11	. 45	m the causes and an the	111
22a. SIGNATURE		177	in the cooses and on the	22b, DATE
Robert W. Ts	rever	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	/ 6/6 SIGNE
22c. PHYSICIAN'S		22d. ADDRESS		1
NAME (Type) Robert W. T	rever M.D.	Easton, Maryl	and 2/6	/61
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		CATION (City, tawn, ar county)	(State)
REBUTIAN 2-5-61	Greensbor	o Gr	eensboro Ma	ryland
24. AUNERAL DIRECTOR'S SIGNATURE	O D ADDRESS	250. REC'D BY REG		
4.6. Boulain) &	Trocas Ormen	Mel. DATEEB 8	161 Cuilma S. 9	time
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY a. STATE g b. COUNTY Maryland MARYLAND Talbot 900 b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give, negrest town) Easton the d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? 25 404 Winton Avenue YES NO puo .5 NAME OF DATE Middle Last Month Day Year filled DECEASED (Type or print) DEATH 194nc 6. COLOR OR RACE IF LINDER 3 YEAR IF LINDER 24 HRS 5. SEX 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours ë WIDOWED [ DIVORCED [ shoursed. 10a. JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 72 haurs during mast of warking life, even if retired) Marvland corbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME .≘ requires that the death certificate physici TROVE 15: WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT event, attending ! 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ᇻ DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) the DUE TO ò permit. Conditions, if ony, which gned gave rise to immediate DUE TO cause (a), stating the underte has been signated burial-transit lying cause last. physician ь FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY cremation, PERFORMED? NO 🗆 attending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, tenter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour om While Not while at work at work 21 | certify that (i) (this haspital) attended the deceased from 1 \_. 196. \_. that (I) (we) lost saw the deceased alive on and that death accurred at ZM, from the causes and on the date stated obave. FUNERAL DIRECTOR: 162 b. DATE 22o. SIGNATURE ATTENDING MED DIRECTOR SIGNED STAFF j0 å M.D PHY5 PHYS 22c PHYSICIAN'S 22d. ADDRESS 3 shauld John 2/6/61 E. Baybutt M.D. Maryl and Easton. poge 3 shi the State E BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION [City, town, or county) (State) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS 25b REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR VR A15 (4) CITLIA S FIRELA 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH



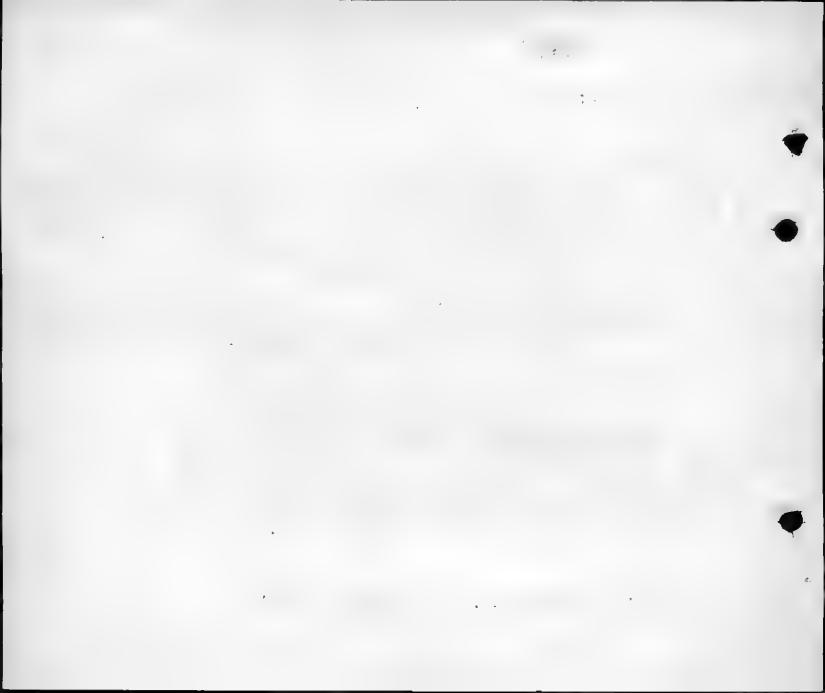
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1. PLACE OF DEATH a. COUNTY A			USUAL RESIDENCE (Who STATE		If institution: Residence	before admission)
b. CITY OR TOWN (If outside corpo RUBAL and give nearest town)	RFD 1 1.15	STAY IN 16	EASTO	utside corporate limi	ts, write RURAL and gir	ve nearest town)
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spitol, give street oddress)		d. STREET ADDRESS			e. IS RESIDENT ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First A	hiddle C.o.	Lilhs	4. DATE OF DEATH	Month	Day Year
1 - male Col	WIDOWED DIV	ORCED	1-/3-189	2 6	(S yes Months C	YEAR IF UNDER 24 Days Hours M
during most of working life, even i	f retired) 10b KIND OF BUSIN	ctio	MARY	And	7	EN OF WHATCOUN
Charles Wr	ight	14	Abbie	Wrigh	7	
15, WAS DECEASED EVER IN U. S. ARN (Yes no or unknown) (If yes give wor or	AED FORCES? 16. SOCIAL SECURIT dates of service)	Y NO. 17 INFOR	MANT		Address	
	(b) DUE TO  (c) NT CONDITIONS CONTRIBUTING T		RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	PERFORME
OR CONTRIBUTING CAUSE OF THE STATE OF THE ST	TON Cho-phoumo		nter noture of injury in F	ort for Port II of ite	om 18.)	YES NO
Y 20c TIME OF INJURY Month, D Hour o. m.	oy, Year 20d, INJURY OCCURRE  While Not while of work of work	D 20e. PLACE (factory,	OF INJURY (Home, farm, street, office bldg., etc.	20f. (City or town	(Co	ounty) (S
21. I certify that (I) (this his saw the deceased alive at 220 SIGNATURE	aspital) attended the deceder Feb 8 19 61	ased fram F61	accurred at	M, from the co	uses and on the	date stated about 22b.DA
22c PHYSIC AN'S NAME (Type)  E. Paul K	1 molls	M.D	ATTENDING ME DIE	RECTOR   PHYS		310
23o. BUR'AL CREMATION, 23b DATE		CEMETERY OR CR		23d LOCATION (CI	ty, town, or county)	(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS C	7 50	1	B 2 4 '61	25b. REGISTRAR'S SIGN	NATURE

pletely filled in by the funeral director, sers. Pages 1 and 2 shauld be filled with ofter deoth Poge 4 Then please remove carban papers. Pages 1

TO HOSPITAL OR ATTEND the potential or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and pletely filler page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages the State Board of Health priar to buriol, cremation, or remayol, and in any event, within 72 hours after death.

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		LACE OF DEATH				2. 4	SUAL RESIDENCE (W	here deceased liv		Residence before	e odmission)
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	Ь	CITY OF TOWN	(If outside corporate fin nearest tawn)	nits, write c.	LENGTH OF STAY IN	1b X	CITY OR TOWN (IF	outside corporate	limits, write RURA	AL ond give near	rest town)
	Щ		(A17	برا	AITC		with	MAN		-	15 PESIDENES
	-	I. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital,	give street addr	(852)		d. STREET ADDRESS			1	ON A FARM?
											YES NO 1
	Ū	NAME OF DECEASED	T//c.	First	Middle	7 4 4 4	Last 7.2 S	4. DATE OF DEATH	Month	Doy	
	-	Type or print)	11046	7		.001	/ - (	-		IIIIDER I VEAR	196/
	5 5	EX /	6. COLOK OR RACI	MARRIED	NEVER MARRIED	DA DA	TE OF BIRTH	7.		lonths Doys	Hours Min,
	1	MA/e	Cc/	WIDOWED	DIVORCED [	$\square \mid 9$	-5-6	.0	yrs.	3	
	10o.	USUAL OCCUPAT	ION (Give kind of wor rking life, even if retire	k done 10b. KIN	D OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign count	ry)	12. CITIZEN OF	WHAT COUNTRY?
		doring most of wo	rung me, even it term	-		-	MAR	11/22	d	160	0
	13. 1	FATHER'S NAME .				14.	MOTHER'S MAIDEN	NAME	- 4	1 30 - 30	- 7 - 9
-		Par 1+	4" A -	0.	~	-	III	10	K~ =	>	
L	15	WAS DECEASED SY	ER IN U. S. ARMED FO	DOCEST IV SOC	IAL SECURITY NO.	17 INFOR	AANT	, , ,	Address	<u> </u>	
-	[Yes	no. or unknown}	(If yes, give wor or dates a		IAL SECURITI NO.	17 1141010	1.4	1	1	7.41	
						الد —	a wine	Craye	m, liv.	RULL	compred.
		18. CAUSE OF DE	ATH [Enter only one	couse per line fo	or (a), (b), and (c).]	-//	- 7	2	,	INTE	RVAL BETWEEN
		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	10) Dice	to go	Ka	pente	uli			days.
			DUE 1		-		-	hon.			
		Conditions, If	/ • U	11/	105			,		7	ally,
	1	gove rise to	immediate	(b) 1/ -/-	reg o	VV C	- co				
		cause (a), stating		0							
	_	lying couse lost		(c)							
	NO.	PART J	THER SIGNAFICANT CO	NDIT ONS CON	TRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	WINAL DISEASE C	ONDITION G VEN	IN PART 1(0)	PERFORMED?
	CATI	Weke	andl	102	71						YES NO 🔀
	ZT F.	200. ACC DENT W	/AS UNDERLYING ☐ G ☐ CAUSE OF DEAT	20b. DESCRIB	E HOW INJURY OCC	CURRED. (En	ter nature of injury in	Port I or Port II	of item 1B.)		
	CERT	(IF EITHER, NOTIF	Y MEDICAL EXAMINER	Σ							
	MEDICAL	20c. TIME OF INJU	IRY Month, Day,	feor 20d INJUI	RY OCCURRED 20		F INJURY (Home, for		town)	(County)	(Stote)
	G.	Hour a m	19	While at wark	Not while	tactory,	street, affice bldg , e	fc.)			
	2	p. m.				0		10 -	111	//	
		21. I certify th	at (I) (this haspit	al) attended		· ·		60 0 10 _2	7		at (I) (we) last
		saw the dece	ased alive an	14	1962. Cand H	hat death	occurred of	AM, fram the	e causes and	an the date	
		220 SIGNATURE	//	(	1		ATTENDING	HED	STAFF		22b DATE SIGNED
		/ hull	MILLE	cery	7	M.D	PHYS		PHYS 🗆	2-1	1-61
		22c. PHYSICIAN'S NEWY (Type)		, /	0		22d ADDRESS	0	0	- 1	
		120	ym (	cesse	1 27		Alma	Mae	La P	na	
	23a	BURIAL CREMATE	ON. 236 DATE THER	EOF 23	Sc. NAME OF CEMETE	ERY OR CRI	MATORY	23d LOCATIO	N (City, town, or o	county)	(Stote)
		PREMOVAL (Specif		-/1 3	31. 1.1.	6	0.	(3)	7-	,//	n. E.
	24	JUNERAL DIRECTO		4/1	ADDRESS	your	25- 25-	CHOVEN DECISTOR	P. OSL PECICIO	AR'S SIGNATUR	
	1	TONERAL DIRECTO	3 SIGNATURE	1111 0	TO THE STATE OF TH	1	11	CIPTED REGISTRA	T CON RECUSION	Muy 2, Fin	
1	Z	Cony-61	X Cabhr	ell) C	e talen	.m	dr. DATE		1		

may be retained by the total or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Completely filled in by the Topelal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 through the filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. ofter death, Page 4 ed within 24 ho · PHYSICIAN: The law requires that the death certificate be ey TO HOSPITAL OR ATTENT

VR A15 (4) 15M 9/59

n



2115 4 50001

Talbot

Manths

e. IS RESIDENCE ON A FARM?

Day

JE LINDER 1 YEAR JE LINDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO |

that (I) (we) last

(Stole)

22b DATE SIGNED

(Stote)

(County)

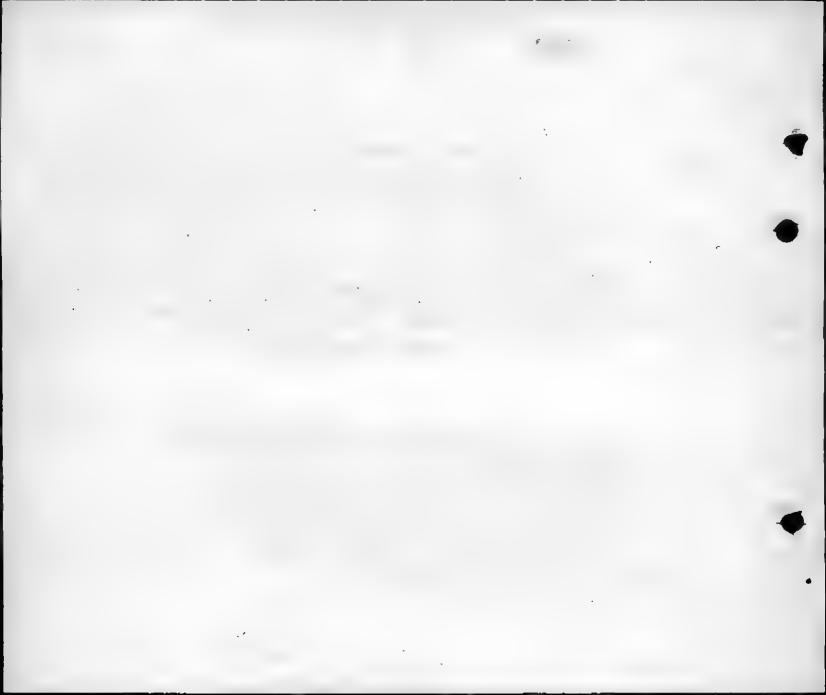
4 '61

YES NO

Year

1960

VR A15 (4) 15M 9/59



1. PLACE OF DEATH

o. COUNTY

burial-transit #he

> BUR AL CREMATION. REMOVAL (Specify)

**ADDRESS** 

2So, REC'D BY REGISTRAR DATEMAR 3 Caring of Through

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

b. COUNTY

MARYLAND Caroline CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Federalsburg TO d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO TO South Main Street emari A DATE OF DEATH NAME OF Middle Year DECEASED (Type ar print) RIda ebru ARU 27, 1961 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE ( n years IF UNDER TYEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED tost birthday) Months Days DIVORCED | 56 WIDOWED [ ugust 28.1904 Female yrs. 10c. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pennsylvenia Home Houlework 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harriett B. hearer 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Morman Eldridge, Federalsburg. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED2 YES TO NO D 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m While Not while at work of work 21.1 certify that (1) (this hospital) attended the deceased fram. 2-27 19 (el . to \_ 2 - 2 7 \_ . 19 (el , that (1) (we) last 19.61, and that death occurred at 10.79.M, from the couses and on the date stated above saw the deceased alive on 2-27 22c SIGNATURE 22b DATE -17-37 SIGNED ATTENDING MED DIRECTOR STAFF PHYS RAPORT W TROOPER 7 PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ston, wr, land 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) Federalsburg. Will Great Cemeters 2Sh. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE

has been signed attending physician certificate ray be retained by the FUNERAL DIRECTOR 3 should be Board page 3 sh the State | O

VR A1S (4) 1SM 9/59



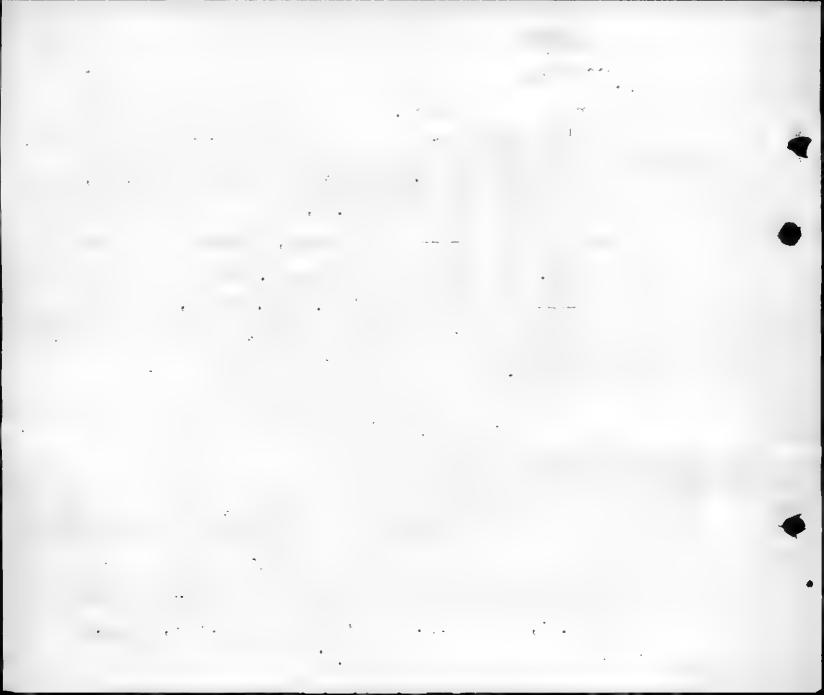
CERTIFICATE OF DEATH

02352

4 52		CERTIFICATE OF BEATT	-0-1
Poge director ed wit	1	AACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  STATE  B. COUNTY  MARYLAND	
the least	V1)	CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c., CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
		RURAL and give pagrest town)  1740000 X FURAL TRAPPE	
offer de by the fund d 2 should	V	J. NAME OF HOSPITAL (If no in haspital, give street address)  OR INSTITUTION  d. STREET ADDRESS  on A FA  YES  N	RM?
iin 24 hè filled in iges 1 and eath.	$\wedge$	NAME OF First Middle Lost 4. DATE OF Month Doy Yeo OF DEATH The DECEASED Type or print) EDCAR LEO ELVING DEATH The Decease 18 19	1
d withir letely f s. Pog fter dec		6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 1 FANDER 1 YEAR IF UNDER 2 VIS. 17. 1889 1989 1999 1999 1999 1999 1999 199	Min
d comp n paper hours a		USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	MTR
e be an an an carba	(T)	FATHER'S NAME	
ficate nysicio nysicio nysicio nysicio	T	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	
ng pl		No. 1 (If yes, give wor or dates of service) 140-03-1883 Mrs. Edgar Ewing Trappe, Md	
e death ottend n pleas in any		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MYOCARDIAL  INFARCTION  INFARCTION	EEN ATH
that the by the t. The al, and		Conditions, if only, which ) ONE TO ARTERIOSCLEROTIC HEART DISEASE YRS.	
quires igned permi		gove rise to immediate couse (a), stating the <u>under-</u> lying couse lost.	
ician sen s ansit		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 79. WAS AUT	OPS
phys phys as b ial-tr	1	CIRRHOSIS of LIVER PERFORM YES   N	ED?
AN: The anding ficate has bur the bur all, creming	U	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1
HYSIC I ar ath nis certi use as ta Iluric		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County)  Hour o. m. While Nol while of work of	(Stot
ther the prior		21. I certify that (I) (this hospital) attended the deceased fram. FEB. 18, 1961, ta FFB 18, 1961, that (I) (we	) la
TEN the OR: A etoche teatth		saw the deceased alive an FB-10-19/21, and that death accurred at A.M., from the causes and an the date stated of	
T S C C C	1	Lonald St. Sally M.D. ATTENDING MED. STAFF PHYS 2-18-C	GNE
TAL OR retained AL DIRECTOR DI	- 1	PHYSICIAN'S NAME (Type)  22d. ADDRESS  EASTON, M.)	
HOSPITA ay be re FUNERA age 3 sh		BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or caunty)	
may horning bage the St	3	removal (specify) Feb. 21, 1961 Windy Hill Cemetery rural Trappe Md.	
VR A15 (4)	191	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LOVE FEB 250 RECIDITY REGISTRAR'S SIGNATURE.	
15M 9/59	\i	Letter to a say a state of the say of the sa	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



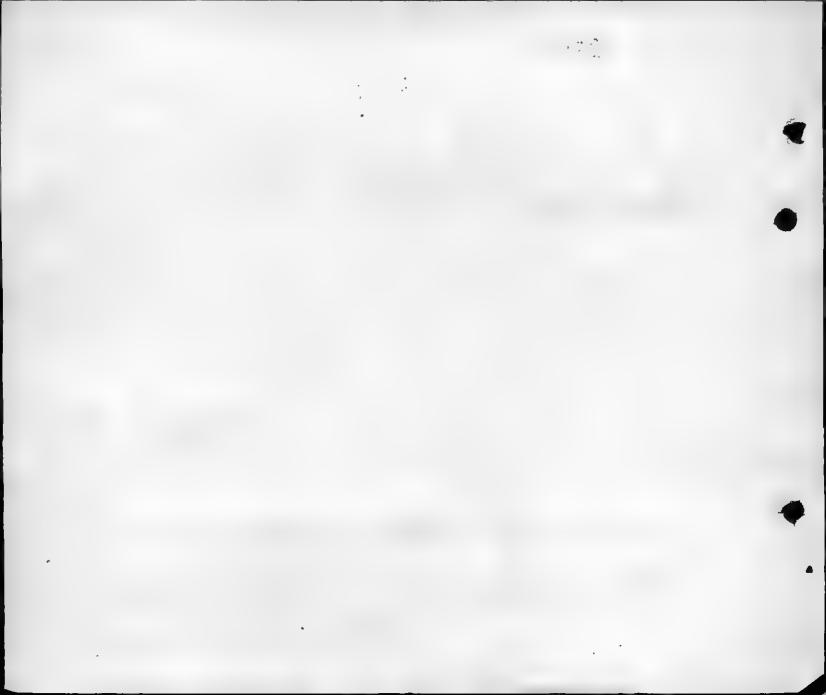
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	PLACE OF DEATH	7 A A A A A A A A A A A A A A A A A A A	2 USUAL RESIDENCE	Where deceased lived. If instit		before admission)	
	TAIBOT	MARYLAND		known b. coun	I T	unknown	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN	If outs de corporate limits, write unknown	RURAL and give	nearest town)	
$\vdash$	d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		1	e. IS RESIDENCE	
	EASTAN MEM	ORIAL	1			ON A FARM? YES NO	
3.	NAME OF First DECEASED	Middle	Losi	4. DATE N	lonth_	Day Year	
	(Type or print) Tmn	ra Libbs	ノーフ	OF DEATH	eb.	28 1961	
S.	Temale Celeved WIDOWE	The Control of the Co	B. DATE OF BIRTH	9. AGE (In year last birthday	Months De	FAR IF UNDER 24 HRS Bys Hours Min.	
100	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (SA	ote or foreign country)	12 CITIZE	N OF WHAT COUNTRY?	
13	FATHER'S NAME		14. MOTHER'S MAIDE	N NAME			
15.	TATIER STRONG			. 4 . 7			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17. IN	NFORMANT	A	ddress		
_							
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)]	ne for (o), (b), and (c).	norrhage			ONSET AND DEATH	
	DUE TO						
	Conditions, if any, which ) (b)						
	gave rise to immediate DUE TO						
	lying couse lost. (c)						
CATION	PART IT OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CONDITION	SIVEN IN PART 1	PERFORMED?	
CERTIF.(	200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
¥.	20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20m. PL	ACE OF INJURY (Home, I	form, 20f. (City or town)	(Cou	inty) (Stote)	
MEDICAL	Hour o.m. While of wor	IAGL WILLS	ctory, street, office bldg ,	etc.]			
	21 I certify that (I) (this haspital) attended the deceased fram						
	saw the deceased alive an19, and that death accurred at 20 M, from the causes and on the date stated above.						
	220. SIGNATURE Robert W. True		ATTENDING PHYS	MED STAFF DIRECTOR PHYS		226. DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS				
23/	BUR AL CREMATION, 23b DATE THEREOF	23c NAME OF STATE OF	D CREATEDRY A	23d LQCATION (City, low	n, or county)	/ (Stote)	
Z	REMOVAL)(Specify) 3.7.6/	W. of wol. W	led . Johou	Ballin	orp ju	4d,	
24	FONERAY DIRECTOR STEIGNATURE	ADDIESS	25a R	MAR 9 61 256 RE	GISTRAR'S SIGN	ATURE Traus	

DATE

may be retained by the hast TO HOSPITAL OR ATTENDY VR A1S (II) 1SM II/59 1

Sal



frer death Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

9270

			U	6
Rea.	Dist.	No.	()	7 %

1	2010	GERTITION	112 O. P. P. 1111	Reg. D	ist. No.	
	1 PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
	a. COUNTY Talbot	MARYLAND	o. STATE Maryland b. COUNTY Talbot			
)	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	ite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write RURAL and	give nearest town)	
,	Rural Easton	7 years	rural	Easton		
	d NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	reat address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED First	Middle	Last 4	4. DATE Month	Day Yeor	
	(Type or print) STUART	WILSON GOLDSB		DEATH Feb. 19.	19 61	
	S. SEX 6 COLOR OR RACE 7 N	AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE lost birthday) Months	Doys Hours Min	
	BALE   WILLE	OWED DIVORCED	Dec. 27, 1885	75 yrs.		
	100 USJAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLÄCE (Stote or	foreign country) 12.CI	TIZEN OF WHAT COUNTRY?	
		machinery manufa			U.S.	
	13. FATHER'S NAME	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
	lames Randolph Goldsbo	rough	Helen	West		
/	IS WAS DECEASEDEVER IN U S ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service]		NFORMANT	Address		
	ves W.W.l	184-14-6163 M	re Eliesheth l	H. Goldsborough	Easton, Md.	
	1B. CAUSE OF DEATH   Enter only one cause p				INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	Con ou It was	Boart O:	Oupel	ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Congative heart failure  3 yes.					
	1 2 0 0 DUE TO	arteriorcle	natic Ram	+14.	11 00 0000	
	Conditions, if ony, which (b)	W Com and Com	TO THE WOOD	ratebase	CO14C1COC)	
	couse (o), stoting the under-					
	lying cause lost, (c)					
	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	ALD SEASE CONDITION GIVEN IN PA	ART I(a) 19. WAS AUTOPSY PERFORMED?	
	2 CCd. 20	revironateu	lar accid	ent	YES NO	
r F	PART II. OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Po	rt Lar Part II af item 18.)		
	20c. TIME OF INJURY Month Doy, Year 20 Hour o.m. 19 at	d. INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, form,	20f (City or town)	(County) (State)	
	Hour o.m.	hile Not while for	ctory, street, office bldg. etc.)			
	21. I certify that I attended the dec					
	alive an					
	ACTUAL Robert W. Traver MD					
	SIGNATURE TO GETCE W.	rever	M.D			
	PHYSICIAN'S NAME (Type) Dr. Robt. W.	Trever 202	Dover St.	Easton, Maryl:	and	
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, or county		
)	Burial Feb. 22.1961	Oxford Cemen	terv	Oxford, Marylan	nd	
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24n, REC'D	BY REGISTRAR 24b. REGISTRAR'S S		
	Maurice E. Newnam & Son	Easton, Ma	ryland DATE EB		Kana	
			- T	E V Us Cistinus d.	E LANGE COM	

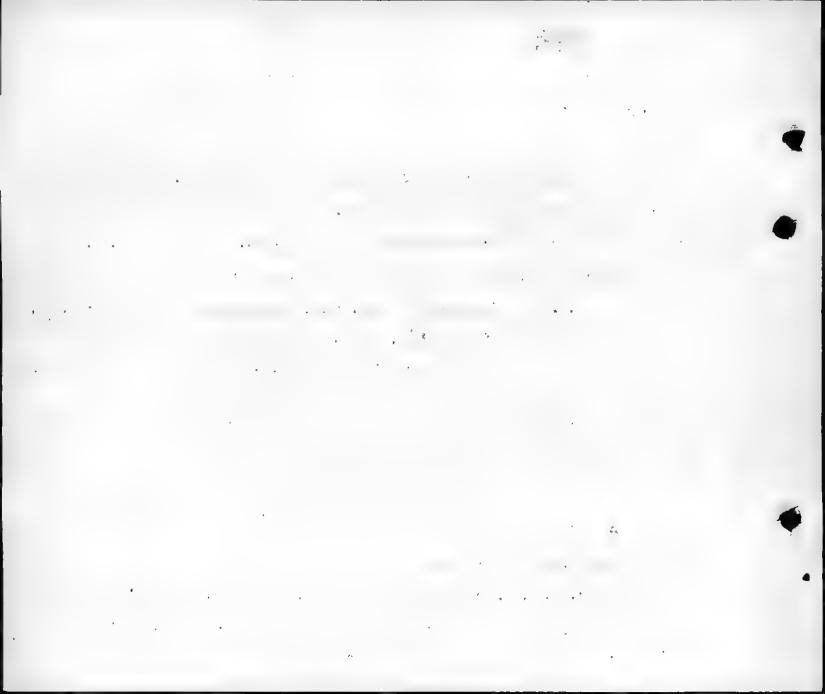
TO HOSPITAL OR ATTENZ

TO HOSPITAL OR ATTENZ

TO HOSPITAL OR ATTENZ

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A1S (4) 15M 9/58



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VR A15 (4) 15M 9/59

2379

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02355

1. PLACE OF DEATH	2, USUAL RESIDENCE (Where deceased lived. If institution; Residence/before admission)				
o. COUNTY A/bot MARYLAN	b. COUNTY Talbat -				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b CLTV OR TOWN (If outside corporal limits, write RURAL and give nearest town)				
Easton 12 days	angold !				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM?				
EASTON MEMORIAL NOSP	yes □ No □				
3. NAME OF DECEASED (Type or print) Philemon CARROLL (	DREEN HAUF JR DEATH 786 13 1961				
5 SEX   6 COLOR OF BACE   7. MARRIED   NEVER MARRIED	TOUR OF TOTAL				
/// Dell WIDOWED DIVORCED	1 Jaw 1,7960 yrs. Months days mous with.				
100 USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State-or foreign country)  12. CITIZEN OF WHAT (					
13. FATHERS VAME?	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, no, or unknown)   (If yes, give wer perdictes of service)	NPERMANT Address				
V	Therewore Ellevanie Office Vice				
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	O H INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lella.				
3 44 X DUE TO O A O O O					
Conditions, if ony, which ) as A Shirt I for	Ged Burn clat				
gove rise to immediate					
cause (o), stating the under (lying couse last.	llery				
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Port II of Item 18)				
2	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) foctory, street, affice bldg., etc.)				
Hour a.m  19 White Not while of work of work.	Totally, sites, differ oldgi, etc.)				
21 I certify that (1) (this hopping) attended the accessed from	m				
	at death occurred at PM, from the causes and an the date stated above				
220 SIGNATURE COLLIFICATION TO SIGNATURE COLLIFICATION SIGNATURE COLLIFICATION SIGNATURE COLLIFICATION SIGNATURE COLLIFICATION SIGNATURE COLLIFICATION SIGNATURE COLLIFICATION SIGNATUR	M.D. PHYS DIRECTOR PHYS PHYS				
22c PHYSICIAN'S NAME (Type) - CH So ham inth	22d ADDRESS MAN MAN COMMENT				
P. C. MITTING	Leve of the fact et				
230 BYPIAL CREMATION, 234 DATE THEREOF 230 NAME OF CEMETER PROMOTE SOCIETY	Greenatory 23d IOCATONY (City Jown, or county) (State)				
24 FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE				
Maurie C Helbran HM Cash	M Contest 1761 Curtur S. Kings				

ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution, Residence before edmission) a. COUNTY Page iles. ealth, a. STATE b. COUNTY MARYLAND b. CITY OR TOWN ( f outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ON A FARM? YES NO 4 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS 15. SEX COLOR OR RACE PATE OF BIRTH NEVER MARRIED 7 8. MARRIED last birthday) Months and WIDOWED DIVORCED IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Pages WSA pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E G certificate should be executed within 16. SOCIAL SECURITY NO Address 17. INFORMANT (Yes, no, or unkown) | (Ifyesgiyawarordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN Duol ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMED. ATE CAUSE (e) Office burial Conditions, if any, which gava rise to immadieta ceuse 肉 **DUE TO** (a), stating the underlying Examiner cause last. PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10, 19, WAS AUTOPSY PERFORMED? 8 NO O 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH execute the certificate, writing id be forwarded to the Chief (FRAL DIRECTOR: Page 3 2Dd. INJURY OCCURRED : 200, PLACE OF INJURY (Home, ferm, ; 2Df. (City or town) 2Dc. TIME OF INJURY Month, Dey, Yeer (County) (State, factory, streat, office bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection agent, Suicide Undetermined manner death resulted from: Natural causes . X Accident I Homicide MEDICA CHIEF MEDICAL EXAMINER | ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** should NAME (Typa) Address (Streat, city, lown, or county) 22a, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. DATE THEREOF (State) RSMOVAL (Specify) 0 FUNERAL DIRECTOR REC'D BY REGISTRAR I VS. A15ME arthur S. Kroud 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

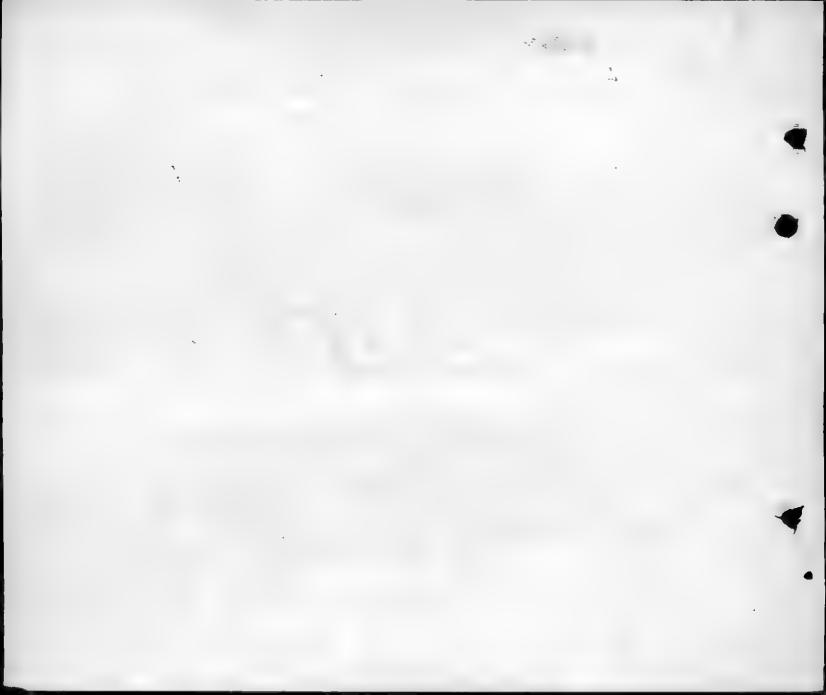


١	2321		TE OF DEATH	IORE I, MARTLAND	09959		
}	o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived If institution b. COUNTY	on. Residence before admission)		
	b CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	c. LENGTH OF STAY IN 16	X		URAL and give nearest town)		
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	20 C	e. IS RESIDENCE ON A FARM?		
-				·····	YES NO Z		
,	3. NAME OF DECEASED (Type or print)	Middle	MSOM	4. DATE MOR	8 1961		
	S. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.		
1	Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
ļ	13. FATHER'S NAME						
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16,	7 SOCIAL SECURITY NO. [17, III	FORMANT	C Y A C C	rest		
	[10 no. or inknown] [11 yes, give wor or dates of service] 214-3.3-6516 Mrs. Carrie U hilling ton, Descent, Mrs.						
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY	ine for (a), (b), and (c).	11/2-11	- 600	ONSET AND DEATH		
	IMMEDIATE CAUSE (o)  DUE TO	The state of the s	( ) same	o office	Je in		
ı	Conditions, if any, which agove rise to immediate	glesten	en		18/100		
ı	couse (o), stoting the under-	,	.`				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
200. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO 14			
	20c. TIME OF INJURY Month, Doy, Year 20d. I Haur a. m. 19 While at war	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
	21 I certify that (I) (this haspital) attends	m 1	1 156	M. from the causes or	that (I) (we) last and an the date stated above		
	220 SIGNATURE  PLEASE GO ATTENDING MED STAFF S GNED  22b DATE S GNED						
	22c physician's GUY M A	PEESER S	22d ADDRESS	-GHMAI	N Md		
	230 BURIAL CREMATION, 236. DATE THEREOF REMOVAL [Specify] 2-12-61	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town,	or county) (State) 4		
1	AUNE AS COLORS	Ester mo	250. REC'D	m 4 10 4	STRAR'S SIGNATURE		

etely filled in by the funeral director, s. Pages 1 and 2 shauld be filed with Then please remove carbon papers. Pages 1 TO HOSPITAL OR ATTENDY—PHYSICIAN: The law requires that the death certificate be eximily within 24 may be retained by the world ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has bleen significal by the attending physician and page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the State Board af Health priar to buriol, cremotian, ar remayal, and in any event, within 72 hours giver deoth.

VR A1S (4) 1SM 9/59



page 3 should be detache TO FUNERAL DIRECTOR:

VR A15 (4) 1SM 9/59

IS RESIDENCE ON A FARM?

Year

YES NO Day

> 196 6 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH PERFORMED?

YES NO

L, that (I) (we) last

(State)

(County)

(State)

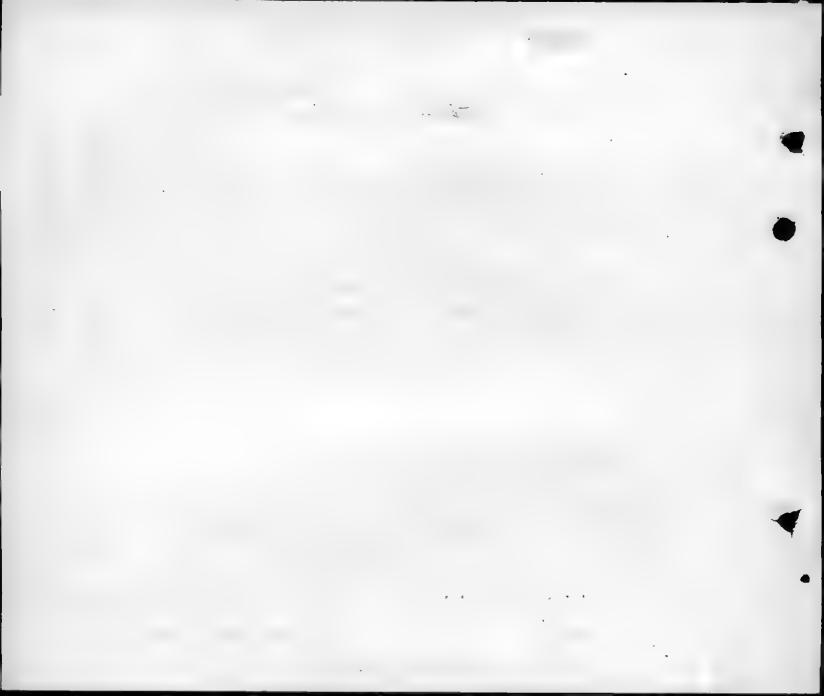
8 62 DATE SIGNED

REMOVAL (Specify) VRIAL

25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR ADDRESS DATE FEB 1 0 '61

Orthur S. Thouse



1	ltems 21 &2.	Film 272 MAT	RYLAND STATE	EPARTMENT OF	F HEALTH		
	Division	STATISTICAL RESEA	ARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTI	MORE 1, MAR	YLAND
FOR STATE	2	383 MEDICA	L EXAMINER'S	CERTIFICATI	OF DEAT	$\mathbf{H}_{-}(t)$	2353
IEALTH DEPT.	I. PLACE OF DEAT	н	-	2. USUAL RESIDENCE			nce before edmission)
Page les.	e. Court	Talbet	MARYLEND	e. STATE Mary.		OUNTY	et
8 年五 岁 4 /	b. CITY OR TOWN	(if outside corporate limits,	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside carparete limits,	write RURAL and give	neerest fown)
TYLES S					D. Easton		
for for Boar	d. NAME OF HOSP	Easton TA. OR INSTITUTION (IE not in I	hospitel, give street eddress)	d STREET ADDRESS			IS RESIDENCE     ON A FARM?
ned ned							YES NO
Hany the further retained the Start description	3. NAME OF DECEASED (Type or print)	CHARLES	DUDLEY	MIDDLETON	OF	bruary 16	19 <b>61.</b>
45 G F F F F F F F F F F F F F F F F F F	5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8 DATE OF BIRTH		ears IF UNDER 1 YEAR	IF UNDER 24 HRS.
and may 2 × × × × × × × × × × × × × × × × × ×	Male	Talles 4 a	WED DIVORCED	Huly 7-192	4 lest birthd	11101111110 0070	Hours   Min.
2 P P C		FION (Give kind of work 10b	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Siele or	foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
Pag Pag	Truck	Driver	Herry	no Centure	Ula May la	-d 0	ISA
Peg K3.	13. FATHER'S NAME	20 1		14. MOTHER'S MAIDEN N.	AME, T		
C SE E T	paried	Middleton		Mary	Varian	it_	
# 8 D T T T T T T T T T T T T T T T T T T		/ER IN U.S. ARMED FORCES?   1 If yes g ve war or detes of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Ad	dress	0 0
ed vith firm any	MN		220-01-7970 Mg	Webner Middles	on Certica	relle Me	ry land
in line of the state of the sta		DEATH [Enter only one cause per IH WAS CAUSED BY:				OI OI	TERVAL BETWEEN NSET AND DEATH
alor alor fran	971	IMMEDIATE CAUSE (+)	Sunshet wound o	I head, with ex	tensive bra	in injury	_
d by fice fice val,	7/6	DUE TO					
or Or or	Conditions, if en	lieta ceusa					
ding ding as a	(e), steting the couse lest,						
pen amir sed sed		R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 100	19. WAS AUTOPSY
cerl rd " Ex be u	PART II. OTHE					1	PERFORMED?
This wo	200. EXTERNAL C		CRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I	or Peri II of Iem 18.)	1	in will be tri
the Sho	PRIMARY OF CO	ONTRIBUTING [	Shot self	in head			
hief hief bur bur bur	3 20c. TIME OF INJ		d. INJURY OCCURRED   200, PL	ACE OF INJURY (Home, ferm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stete)
Pag of r	Mour 联系 p.m.		hile Not While 1e vork et work	Lane	marton	Tallot	Par
Cale To of the prior	21. I certify t	hat I took charge of the re	emains described above, l	eld an Autopsy 🔀 . Ir	spection , In	quiry, and	in my opinion
at in German	death resulted	from. Natural causes	,, Accident, Sui	cide X, Itomicide	Undetermine	d manner 🔲	
DIC BE CE BE		1 6	$\alpha$	CHIEF MEDICAL EX	AMINER [		
MED to the forward forward L DIR	ACTUAL SIGNATURE	WO	Keur	M D. ASSISTANT MEDIC	_		DATE SIGNED
Kecu kecu SRA	EXAMINER'S	W. Brad	Rey King, Jr.,	M.D. DEPUTY MEDICAL I		2	/17/61
Se executed the could the	NAME (Type) 22e, BURIAL, CREMATIC		T22c. NAME OF CEMETERY	Address (Street, CT	y, tawn, or county) 2d. LOCATION (City, 1	own, or country)	(Stete)
口品作品	REMOVAL (Specify		11) esley Chap		Righ 11-	OL MARK	00.00
H H	23. FUNERAL DIRECTO		ADDRESS	24a. REC'D	BY REGISTRAR   24b.	REGISTRAR'S SIGNAT	URE
VS. A15ME 5M 7/59	Munda	And Bethy Deer	Cutwill 1	Mary Gerd DATE FE	B 2 4 '61	arthur & Ka	all
	UVILLIAM			, de la constante	1		



VR A15 (4) 1SM 9/59

MARYL	AND STATE	DEPARTMENT	OF HEALTH
DIVISION OF STATI	STICAL RESEARCH	AND RECORDS - 8	ALTIMORE 1, MARYLAND
2384	CERTIFICA	ATE OF DEA	TH

1,	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. COUNTY  O. STATE
	* COUNTY TA/BOT MARYLAND STATE MARY/AND 6 COUNTY TA/BOT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	Easton RED. Lite REASTON
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?
_	K,F, D. J BOX 240 K,T, D. J BOX 240 YES NOTE
3.	NAME OF First Middle Lost 4. DATE Month Day Year
	OF DECEASED (Type or print) C/ARA 4. OCKIMEN DEATH 2 9 1961
5	SEX 6. COLOR OR RACE 7 MARRIED MEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
L	T Cot WIDOWED DIVORCED 16-20-84 DGYS MILLION
10	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Housewite Domestic MARYIAND US, A,
13	FATHER'S NAME
	James H. Winters Harriett ann Wilson
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  15. no, or unknown) 1 [15 yes, give wor or dates of service]
Ĺ	20-12-1860 Clarence D. Ockemen, Caston, md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)  A. / T. D ('Interioscleratic heart) 1 Communication of the comm
	the 2 O and Due to
	Conditions, if ony, which ) (b)
	gove rise to immediate DUE TO
	lying couse lost. (c)
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
- EAT	YES NO M
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH
D .	·
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or town) (County) (State)
VED	Hour o. m. While Not while foctory, street, office bldg., etc.)
	21 I certify that (1) (this hospital) attended the deceased from
	saw the deceased alive an 1-10- 1961, and that death accurred at 2 M, from the causes and an the date stated abave.
	220 SIGNATURE 22b DATE
	M.D. PHYS A DIRECTOR PHYS
	22c PHYSICIAN'S 22d, ADDRESS
	NAME (Type) / E Cox
23	a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)
	BURIAN 2-15-61 Unionville Cam Easton Md.
24	SUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Jane 15 Dashiell, Easton, Md. DATE, JAR 1 '61 author & King
جا	The state of the s



VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH O. COUNTY Talk of MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  STATE  COUNTY  LOUGH  COUNTY  LOUGH  COUNTY  LOUGH  COUNTY  COUNT					
	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town).  EOSTOR  Thouass.						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR OR I al Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)					
	3. NAME OF DECEASED (Type or print) Hatte	Petons 4. DATE Month Day Year February 2/ 1961					
	5.55% 6 COLORRACE 7. MARRIED [ NEVER MARRIED ]  LEWELL WIDOWED DIVORCED	B DATE OF BIRTH  OUT 14/888  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday)  Manths Days Hours Min					
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)  Refulcived Mursh.	Maryland. U.S.					
	audrew Callison	14. MOTHER'S AVAILED BOOAL.					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. of unknown)   If year, give wor of dates of service) 2/4-32-66/15	Elwood Felex Easton Med.					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).	INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-	a artiroclerosis					
	Iying couse last.   (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO					
n 1		RED (Enter nature of injury in Part ( or Part II of item 18 )					
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED White Not work of work of wark	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)					
	21 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an £ 2/11967, and that	death accurred at 2 M, from the causes and an the date stated above.					
	220. SIGNATURE	M.D ATTENDING MED. STAFF DHYS 1/23/81 NED.					
	P.E. Cox M.D.	Earle Ave. Easton, Maryland 1/23/61					
	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF/CEMETERY REMOVAL (Specify) 2 2 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cently Offord Md.					
	24. FUNERAL DIRECTOR'S SIGNATURE LANDANCE F. WOMEN YOU F. as	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE FEB 2 8 61 Cuthun S. Khana					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 02362 CERTIFICATE OF DEATH al director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution, Revidence before admission) PLACE OF DEATH COUNTY b. COHNTY 4 MARYLAND funeral of b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should 0 e IS RESIDENCE d, NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM? OR INSTITUTION YES NO and ₽. NAME OF 4. DATE Middle Month Day Yeor filled i DECEASED DEATH (Type or print) ua 19 IF UNDER 24 HRS AGE (In years last birthday) IF UNDER 1 YEAR DATE OF BIRTH S-SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Doys Manths Hours DIVORCED [ WIDOWED | yrs. 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY ducing most of working life, even if retired) Tarmer 2 13. FATHER'S SIAME 14. MOTHER'S MAIDEN NAME physician \_= Š remave 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT ottending please INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to He DUE TO é permit. certificate has been signed gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit attending physician PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY cremation, PERFORMED? YES INO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) He WEDICAL 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stole) Doy, Year foctory, street, office bldg., etc.) Hour O. III. While Not while of work at work 19 (0) 19 (pl., that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram.... may be retained by the h.

TO FUNERAL DIRECTOR: A poge 3 should be detache the State Board of Health . 19.6. and that death accurred at 2 M, from the causes and on the date stated above saw the deceased alive an 22º SIGNATURE ATTENDING PHYS MED. DIRECTOR M.D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Trever Robert W. Easton, Maryland 23b DATE THEREON 230 BUR AL, CREMAJION, 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION/City, town, or county) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Doctra VR A15 (4) DATE FEB 1 7 '61 arthur S. Kinsel 15M 9/59



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
9908	CEPTIEICATE	OF DEATH

		23	387		CE	RTIFIC	ATE	OF D	EATH	l			Reg. D	ist. No.	() 4	3360
1,	Talbot					MARYLAND	0. 5	UAL RESIDENT	ence (Who	re decease		If institution	A	bot	e admissi	on}
	CITY OR TOWN (	If outside corpo	rate limits,	write	c. LENGTH O	F STAY IN 15	100		OWN (If ou	stside carpo	rale limi	ts, write RL	JRAL and	give neo	est lown	ì
	Tilghma		rall		12	yrs.	Tei	.lghr	nan (	rura	1)	X				
	d. NAME OF HOSPI	TAL (If not in he	spital, give	sireel o	ddress)		d	STREET A	DDRESS					1	. IS RESI	DENCE FARM?
		none						none	9							ио 🔀
3.	NAME OF DECEASED		First			Middle		Losi		4. DATE OF		Mont	h	Doj	1	Геот
	(Type or print)	Mu	rray	Dea	an Sno	W				DEATH		T.O.	b.	2	1	961
5. 5	iex	6. COLOR O	RACE 7	- MÁRRI	ED 🔲 NEVER	MARRIED 🔲	8. DATE	OF BIRTH	1		9. AGE	(In years	IF UNDE		-	
N	ale	White	W	IDOWE	DI DI	VORCED 🔲	12/	21/:	1891		6	9 yrs.	Months	Doys	Hours	Min.
10a	. USUAL OCCUPATE during most of wor	ON (Give kind o	f wark dor Fretired)				ISTRY 11	. BIRTHPL	ACE (Stote o	or fareign c	ountry)		12. CI	TIZEN O	WHAT	COUNTRY
	rlorist				reenh	ouse			Scot				Ţ	.S.	1.	
13.	FATHER'S NAME						14. N	AOTHER'S	MAIDEN N	AME						
L	Unknow							Unl	known	1						
	WAS DECEASED EVI	ER IN U. S ARM			OCIAL SECUR	ITY NO 17.	INFORM	ANT				Addre	011		Box	75
1	10	None		2	<u> 14-34-</u>	7354	rs.	Jol	hn Gr	abb.	Bac	htel:	svil		Pa	
	18. CAUSE OF DE			per lin	e for {o}, {b}, c	ind (4)-] -	1	1 th	1/			-		INTE	T AND	TWEEN
	PART 1. DE/	ATH WAS CAUS IMMEDIATE C	ED BY: AUSE (o)	Mel	olas	KLK	X	IN	hen	<u> </u>						42
	782	4	DUE TO	180	166	\$15C	7X 1		)	L						
	Conditions, if c		(b)	Ar.	*	1/10	46	111								
	gave rise to i cause (a), slating		DUE TO													
	lying couse last.		{c}_													
<u>N</u>	PART II. OT	HER SIGNIFICAL	NT CONDIT	TIONS C	ONTRIBUTING	TO DEATH BUT	NOT RE	LATED TO	THE TERMIN	VAL DISEAS	E COND	ITION GIVE	EN IN PAI	T 1(o) 19	. WAS A	CUTOPSY RMED?
Š															_	NO 🗌
CERTIFICATION	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	GAUSE OF	DEATH	b. DESC	RIBE HOW IN.	JURY OCCURRE	D. (Enfer	noture of	Finjury in Po	art I or Por	t II of ite	em 18.)				
MEDICAL	20c. TIME OF INJUI	RY Month, D	oy, Year		JURY OCCURR				dame, form, bldg., etc.)		or lawn	1)	(	County)		(Stote)
MED	Hour a.m. p.m.		19	While at work	Not while at work		icidiy, sir	ees, onne	Diog., etc.)	'	. 2					
	21. I certify t	het Vattend	ed the d	ecease	d from			1960	. to	tyli	2	19/01	that I	last sa	w the	deceased
	olive on	1/1	)	196	2/ and	I that death	occur	red ot	241	M. from	n the c					d obove.
		Must	700	15.	7	1			-			or lown, s				TE SIGNED
	SIGNATURE	1/4/	11/	Ile	247	>>>	M.D	/	11	14.	12	me	0-77		121	19/11
	PHYSICIAN'S NAME (Type)	KEL	·Y'	1	181	ESE!	? =	5)-		TIL	SH	MAN	,		M	7771
220	BURIAL, CREMATIC		THEREOF		22c. NAME C	F CEMETERY C	OR CREM	ATORY	T	22d. LOCA	TION (C	ity, town, o	r county)		(State	)
F	REMOVAL (Specify	2/	5/19	61	St.Jo	hn Cer	nete	rv		Til	ghm	an		Md.		
23.	FUNERAL DIRECTOR	PS SIGNATURE			ADDRESS				24a. REC'D	BY REGIST		24b. REGIS	TRAR'S SI	GNATUR		
1	1/ tran	ston,	ver	vEF	st. Mi	chaels	B, N	id.	DATE F	EB 7	<sup>1</sup> 61		Wilmy	8. 16	au 6	



VR A15 (4) 15M 9759

2388

o. COUNTY 1 4/ hat MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  a. STATE  b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) T	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EASTON DIN 50 Min	108401
d. NAME OF HOSPITAL (IF hat in haspital, give street address) OR INSTITUTION	d STREET ADDRESS 6 IS RESIDENCE ON A FARM?
MIEMORIAL HOSPITAL	135 5, H1951 ns YES NO
3. NAME OF DECEASED (Type or print) APARARCHA	Last 4. DATE Month Day Year OF DEATH FLT, 27 196
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
Turnals Co WIDOWED DIVORCED	1-7-3.5 (ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KtND OF BUSINESS OR INDU- during mast, of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
WEATERSS HOTEL	1-7- U.SA,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chauncey Miller	Johnson Hall
	NFORMANT Address
(Yes, no. or unknown) (If yes, give war or dates of service)	Their Thomas backen, hol
18. CAUSE OF DEATH [Enter only one couse per/line for (a), (b), and (c).]	1 1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	Carely roxenton object and DEATH
DUE TO	
Canditions, if any, which )	
gove rise to immediate	
cause (a), stating the <u>under-</u>	
lying cause last. ) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YESPET NO
200 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
2	ACE OF INJURY (Hame, farm, 20f (City or town) (County) (Statictary, street, affice bldg., etc.)
Hour a.m  P m  19 White Nat while at work at work	
21 1 certify that those hospital attended the deceosed from.	19, to, 19, that (I) (we) ta
	death occurred of 20 M, from the couses and on the date stated above
220 SIGNATOR	M.D ATTENDING MED STAFF STAFF ATTENDING DIRECTOR PHYS ATTENDING
22c PHYS CIANS - A 1 / 1	22d APPRISS
NAME (Type) E. C. H. SC/7/20 C/7	Carlon, Mayland
230 BURIA., CREMAT ON. 236 DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
JEMOVAL (Specify) 3-3-61 / Necherch	a. Cenis Parton
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
James B Jack De Coll	DATEMAR 6 '61 Chilling S. Kraus
The work of the state of the st	TARROUT COOMITY, TORRING



## MARYLAND STATE DEPARTMENT OF HEALTH 238 SVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	o. COUNTY	ngura	MARYLAND	. STATE	ence (Where decess ryland	ed lived. If institution b. COUNTY	Carolin	/	
	b. CITY OR TOWN (If outside corpo RURAL and give negrest town)	rate limits, write c. LEN	STH OF STAY IN 16		own ill outside corp 1 Greens	orole limits, write RU DOPO	RAL ond give neares	OF X	
)	d NAME OF HOSPITAL (If not in ho OR INSTITUTION		S RESIDENCE ON A FARMY ES NO						
	3. NAME OF DECEASED (Type or print)	harles	Middle	Villiam	4. DATE OF DEATH	Tobaya	W 24	Year 196	
,	S SEX 6. COLOR OF	RACE 7. MARRIED 1	DIVORCED	8. DATE OF BIRTH		9 AGE (In years last bythday) yrs		IOURS Min.	
m!	TOO USUAL OCCUPATION (G've kind o	of work done 10b, KIND O					12. CITIZEN OF WI	HAT COUNTRY?	
	during most of warking life, even i	U.S.A							
	13. FATHER'S NAME								
	Natheni	al William	ison	Geo	rginia	Hayman			
	15 WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown)   (If yes, give war or		SECURITY NO. 17 IN	IFORMANT		Addre	55		
	No		)5-1652 E	va Will	iamson (	reensbor	co, Mary	land	
	18. CAUSE OF DEATH [Enter only		), (b), and (c).]	n			INTERV	AL BETWEEN	
	PART I. DEATH WAS CAUS IMMEDIATE C	ED BY: AUSE (o)	reng other	onlo	Res.		6	Ros.	
	7 0 1	DUE TO	12	$\cap$	•		5.		
	Conditions, if any, which )" gave rise to immediate	(b) Dever	Earleron	ackinos	is		20	100.	
	couse (o), stating the <u>under.</u> lying couse lost.	DUE TO							
		NT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(a) 19 3	WAS AUTOPSY	
	PART II. OTHER SIGNIFICAL	enter 10	10 - 000	Let	Dry 2/2	3/61		PERFORMED?	
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of	injury in Part I or Pa	ort (I of item 18-)			
		AINER)							
	20c. TIME OF INJURY Month, D	ay, Year 20d, INJURY O	CCURRED 20e. PL	ACE OF INJURY (History, street, office	lome, farm, 20f. (Ci- bldg , etc.)	ly or town)	(County)	(State)	
	p. m.	19 of wark of							
	21. I certify that (I) (this he	~ /	4 -	1	12 6/ , to.		_, 19_6_f, that		
	saw the deceased orive or	124 . 19	2.6(, and that d	leath occurred	q 55 MT Hom	the causes and	on the date st		
į.	120. SIGNATURE	na lola		ATTENDING	MED	STAFF M	2/2	22b DATE 6 GNED	
	22c PHYSICIAN'S	<u> </u>		22d ADDRE	DIRECTOR  SS	PHYS.	2/2	2/0/	
	NAME (Type)								
	230 BURIAL, CREMATION, 236 DATE		IAME OF CEMETERY O			ATION (City, town, or		(State)	
	Buria (Pecify) 2-27	7-61 G	reensbord	)	Gre	ensboro,	mary Lar	1Q.	
	24. FUNERAL DIRECTOR'S SIGNATURE	AC	DORESS	V20 ()	25o. REC'D BY REGIS	STRAR 256 REGIST	RAR'S SIGNATURE		
Į,	· 6. Boular	N Quiller	5/222	mel.	DATE EB 2 8 '6	1 0.21	- 8 Krauk		

B b

within 24 had

PHYSICIAN: The law requires that the death certificate be ext

TO HOSPITAL OR ATTENS

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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2330 CERTIFICA	TIE OI DEATH	
1. PLACE OF DEATH O. COUNTY TAI BOT County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and giv	re nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Memorial Hospital	d. STREET ADDRESS  Roste 3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  H D ++++	Wilson 4. DATE Month OF DEATH 72 bruge 4	Day Year + 196/
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH 9. AGE (In years IFWINDER )	YEAR IF UNDER 24 HRS. Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
13. FATHER'S NAME  Themas Hazelton	14. MOTHER'S MAIDEN NAME	23)[1]
1.17 2000	INFORMANT Address	a i Ma d
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last.  (c)	Christain	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONCERNIBLE OF CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Part I ar Part II of item 18.)	
	**LACE OF INJURY (Hame, farm, actary, street, office bldg., etc.) (Ca	unty) (State
21. 1 certify that (1) (this hasolfal) arended the deceased fram. saw the deceased officeron (1) and that 220. SIGNATURE	death accurred a MED. Med. STAFF ATTENDING MED. DIRECTOR STAFF PHYS.	date stated above.
22c. PHYSICIAN'S NAME (Type) E.C.H. Schmidt	4 22d Agoress Mayl	mel
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify) 2 -9 - (1)	OR CREMATORY 23d. LOCATION (City, town of county)	(State)
24. UNERAL DIRECTOR'S STONATURE ADDRESS U	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	1 0

may be revoined by the housing a attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and copage 3 should be detached far use as the burial-transit permit. Then please remave carbanyon the State Board of Health priar to burial, cremotion, ar remaval, and in any event, within 77 hou VR A15 (4) 15M 9/59

ATTRIBUTE AND ADDRESS OF THE PARTY OF THE PA 55 and the same of the same of the same

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLAC a. Co	CE OF DEATH OUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where	b. COUNTY	sidence before admission)
b. CI RL	ITY OR TOWN (If autside corporate limits, write URAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporote limits, write RURAL	and give nearest town)
d. N	NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION  HOME FIRST	oddress)	d. STREET ADDRESS	177	e, IS RESIDENCE ON A FARM? YES NO
DECE	WE OF First EASED For print) James	Harford	Young 4	DEATH FEBRUARY	Pay Year 8 196/
S. SEX	hale longer RACE 7. MAI		B. DATÉ OF BIRTH / - 188	lost birthday) Mon	
	GUAL OCCUPATION (Give kind of work done find most of working life, even if retired)	skind of BUSINESS OR INDU	9 Lut Islan	2 Maylend	CITIZEN OF WHAT COUNTRY?
13. FATI	ohy Harring		14. MODITER'S MAIDEN NAM	arresta	
	SSECEASED EVER IN U.S. ARMED FORCES? 16 of unknown) (If yes, give war or dates of service) 2	5. SOCIAL SECURITY NO. 17.11 12-16-1613 H.	Leon Mun	g George	elle Med_
18.	PART I. DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Appendix (o), (b), and (c).	ic Elvon	boser	INTERVAL BETWEEN ONSET AND DEATH
9	conditions, if any, which ave rise to immediate ouse (a), stating the <u>under-</u> DUE TO (c)				
CERTIFICATION 300 300 300 300	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN 17	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	a. ACCIDENT WAS UNDERLYING   20b. DE R CONTRIBUTING   CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Par	rt I or Port II of item 18.)	
WEDICAL 20c	Hour o.m. Whil	f.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
sa	aw the deceased an word of the solid of the	ded the deceased fram, and that a	death accurred at 7 N	A, fram the causes and at	19, that (I) (we) last to the date stated abave. FLAGE SIGNED
220	C. PHYSICIAN'S F. C. H. S	chmidt	22d. ADDRESS	n, May	land.
./IE	JRIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 2:	3d. JOCATION (City, town or con	unty) (State)
-	unil the 11-61	Mestign	14	BY REGISTRAR 256, REGISTRAL	Many Calor

the state of the s the second has been presented and the second second to the second the Mount of the Common \_ hold \_ harmon and \_ quantities to hold \_ and here had